PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10685587

CLAIMS AS FILED - PART I							SM	SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Column 1)		(Column 2)		TY			OR		ENTITY
TOTAL CLATIVIS			D				<u> </u>	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FE	385.00	OR	BASIC FEI	770.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=		* 0] [>	(\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* 0		,	 (43=		OR	Y00	
M	JLTIPLE DEPE 	NDENT CLAIM F	RESENT						 	\dashv		
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	<u> </u>	145=	1000	OR	+290=	
CLAIMS AS AMENDED - PART II							T	DTAL	1985	OR	TOTAL	<u></u>
		(Column 1)	(Column 2) (Column 3)			SI	MALL	ENTITY	OR	OTHER SMALL		
4	CLAIMS		HIGHE			T] [ADDI-	7 1		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	R	ATE	TIONAL		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	X	\$ 9=	1 55	OR	X\$18=	FEE
\ME	Independent	*	Minus	***		=		43=		1	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 ^			OR		<u> </u>
							+1	45=		OR	+290=	
•								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
00		REMAINING		HIGHE NUMB		PRESENT			ADDI-] [ADDI-
Z		AFTER AMENDMENT		PREVIOU		EXTRA	R/	NTE	TIONAL	1 1	RATE	TIONAL
M	Total	*	Minus	PAID F	ОН				FEE	┨		FEE
AMENDMENT	Independent	*	Minus	**		=	X\$	9=		OR	X\$18=	
₹			L	PENDENT (MIAIS		X4	3=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								15=		OR	+290=	
								OTAL FEE			TOTAL	
	(Column 1)									OIY A	DDIT. FEE	
	<u> </u>	(Column 1)		(Column HIGHES		(Column 3)						
ENIC		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	RA		ADDI- IONAL		RATE	ADDI- TIONAL
AMENOMEN	Total	*	Minus	**		=	X\$	<u>-</u>	FEE		V610	FEE
בו בו	Independent	*	Minus	***		=	-	-+		OR	X\$18=	
۲ [FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							3=		OR L	X86=	
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=	
										OR "	TOTAL	
11	the Highest Nun	nder Previously Pai	d For" IN THIS	S SPACE in Id	occ than	3 onto: *2 *				. AL	DDIT. FEE L	
	5	per Previously Paid	· Si (iotai ui	aebenaent	, is the f	iignest number	iouna in ti	ne appro	priate box	ın colur	nn 1.	